

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24033

1. PLACE OF DEATH

County PettisRegistration District No. 668Township 8Primary Registration District No. 3032City Bedalia (No. 1)File No. 172
Registered No. 172 St. Ward 2. FULL NAME John M. Kohrs(a) Residence, No. 15175 Barrett St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF Jos. Kohrs6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 18627. AGE 70 YEARS 7 MONTHS 26 DAYS If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo13. NAME John Lutzgen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Wahlers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Mrs. Albert Hanson
(ADDRESS) 15175 Barrett St. Bedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton DATE July 6, 193319. UNDERTAKER Willie Mae Turnham
(ADDRESS) Bedalia Mo20. FILED July 5, 1933 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 193322. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930 to July 4th 1933Last saw her alive on July 4, 1933 Death is saidto have occurred on the date stated above, at 70 m.

The principal cause of death and related causes of importance were as follows:

Chronic Gynitis 1930135B 135B

Other contributory causes of importance:

Infestual excessName of operation Date of What test confirmed diagnosis? labatory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Ward Bokling, M. D.(Address) Bedalia Mo

